

# AN ADDRESS

DELIVERED IN THE

THEATRE OF THE MEATH HOSPITAL,

AT THE

OPENING OF THE SESSION

OF 1847-48.

BY

WILLIAM STOKES, M.D., M. R. I. A.,

REGIUS PROFESSOR OF PHYSIC IN THE UNIVERSITY OF DUBLIN;  
HONORARY MEMBER OF THE IMPERIAL ACADEMY OF MEDICINE OF VIENNA, AND OF THE ROYAL  
MEDICAL SOCIETIES OF BERLIN, LEIPSI, EDINBURGH, AND GHENT,  
OF THE MEDICAL SOCIETY OF THE GRAND DUCHY OF BADEN, THE MEDICO-CHIRURGICAL  
SOCIETY OF HAMBURGH, THE PATHOLOGICAL SOCIETY OF LONDON,  
AND OF THE NATIONAL INSTITUTE OF PHILADELPHIA.

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# ADDRESS,

&c. &c.

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WE are on this day to commence another period devoted to the study of clinical Medicine; and it is with pleasure and pride I see again assembled here a body of men whose purpose it is to assist in carrying out those investigations which have already done so much to advance the reputation of the Irish School of Medicine. This has been for many years the great object of a large portion of the officers of almost all the Medical Institutions of Dublin, and the success which has been attained is the natural consequence of unanimity, mutual assistance, and industry. There is scarcely an hospital in Dublin that has not contributed its share of original labour to the mass of researches as given in the numerous memoirs and works which have been produced in Dublin during the last quarter of a century.

To this point let me direct your special attention,—*original investigation*,—the applying of what is known, to aid in the discovery of what is unknown, has a twofold result, a double reward. It not only increases

our store of knowledge, but is in itself so excellent that it stimulates to greater exertion all who engage in it ; and to this I attribute the zeal and devotion to study which has distinguished the clinical students of Dublin for so many years. They witnessed, wherever they went, the working and progress of original investigation. The zeal and spirit which these labours gave to their teachers were reflected on them. They became assistants in the work, private soldiers in the victorious campaign ; and I can state that, in this hospital at least, not a few of the most important observations and discoveries were made originally by the students themselves.

And here let us pause to offer a tribute of praise to him, the commencement of whose career marks the foundation of the Irish School of Clinical Medicine. With infinite satisfaction can we declare that it was in this hospital Dr. Graves effected that revolution which has been so fruitful in all good results. Here it was that he first announced that the student who earnestly sought for knowledge was to be considered as a brother to the teacher,—to be communed with as a brother, watched over as a brother, helped as a brother, and made a practical physician. Here he first announced, that he himself was but an elder student, and invited the pupil to be a fellow-labourer with him in the great objects to which he was devoted.

The effect of this was sudden, the seed thus sown has struck deep, and the reward is great, for the good effected has been immeasurable.

Every public man looks back on some deed, some



achievement, as the foundation of his own, his proper pride. It is my greatest satisfaction, that I sought to follow in the steps of this true reformer, and that I had the honour to assist him in carrying out those views which have been so useful to mankind, and have reflected such honour on our loved but suffering country.

I do not seek to prove to you, that before 1820 the School of Medical Sciences in Dublin was to be despised,—far from it; in Medicine, in Surgery, and in Anatomy, we had many illustrious names. But as a school its reputation depended on Surgery and Practical Anatomy, and principally on the latter, from the comparative facility of obtaining subjects for dissection. Now, however, when we inquire what are the grounds of our reputation on the Continent and in America, we shall find that they are the recorded labours of our friends and contemporaries in Practical Medicine, Surgery, and Midwifery; and I am justified in saying that, though the Dublin Hospital Reports had already done much to advance the character of Irish Medicine and Surgery, yet that the great bulk of our labours dates from that period when the true impulse was given to clinical observation and clinical teaching by Dr. Graves.

It would be impossible to detail all that has been done since that time; but we may refer to the leading investigations which have reflected such a lustre on the Irish school, and confirmed its reputation in the schools of America, in London, Edinburgh, Vienna, Berlin, Leipzig, and Paris, so that you may believe that the fact of your having been educated in Dublin,

or of being a working member of the Irish School of Medicine, will ensure you an honourable reception whenever you visit any of those seats of science.

To write a history of the Irish Medical School is a labour which I have long proposed to myself. It would be useful and honourable to our national as well as our medical character; and it is clear to me, that in every country in which the wish to advance exists,—no matter how small the number of persons animated by that wish,—there should be, from time to time, histories or reports of the advance of those branches of science, arts, or manufactures, which had arisen or been revived within certain periods.

In the various Introductory Lectures which I have delivered here and in the Park-street School, I have dwelt on the distinguishing character of Irish medical investigations, which is, that they have been essentially practical.

I need not remind you that there are many subjects of medical study which have but a remote bearing on the great objects of our labours, which are:

1st. The prevention of disease.

2nd. The cure of disease.

3rd. The alleviation of suffering.

Do not suppose for a moment that I would decry the importance of the anatomical and physiological investigations which now occupy so much attention in different parts of the world. Nothing is more remote from my wish than to preach such a doctrine, which would be narrow, unphilosophical, and ignorant in the highest degree; but I believe that we have been working at

more immediately profitable and important questions. We have been labouring to complete the great map of diagnosis, which, though now for the most part well laid down, yet exhibits but the outline of many an untravelled country. We have been extending the resources of medicine and of surgery for the cure of disease ; we have been studying the characters of epidemics, for which this country has long offered a terrible opportunity. We have been pursuing morbid anatomy on a great scale, but almost exclusively with a view to its bearings on the diagnosis, combinations, treatment, and cure of disease.

And here let me warn you against a misconception very general in the world ; it is that the practical man, as he is termed, should occupy an inferior rank to him who follows abstract scientific investigations. How commonly do we hear the expression “ *he is a good practical man* ” used so as to imply some inferiority in the person thus designated. Strictly speaking, Gentlemen, it is the highest praise,—at least such has been the opinion of the Irish School in my day, and long may it continue so. Our great object is to be practical men, and we have laboured to make our pupils practical men also. If your tastes lead you to other scientific pursuits, follow them, and you will be doubtless rewarded by the achievement of discovery, and by renown ; but let me entreat of you, so long as you can get a practical man to undertake the duty, to leave to him the care of human life, in health and in disease.

It is of great importance that there should be no



misconception in this matter : what I mean to state is, that in the present condition of medicine, if we consider those of its followers who regard it as a science, and not as a trade, we may divide them into two classes, each of which are following separate paths of investigation.

For example, let us consider Fever. The efforts of one school are directed to the chemical analysis of the blood, to the variations between the relative proportions of its elements, to the microscopic character of the globules, to the composition of the secretions, and to other points involving the application of physical science.

In the second school of investigation attention is paid to symptoms, to the general character of epidemics, —their points of resemblance, and their difference; to the manifest anatomical changes, and their relation to the original disease; to the phenomena of contagion, the laws of crisis, and the influence of treatment.

You will perceive at once, that though these two classes of investigations refer to the same condition, yet that they imply different paths of inquiry, and there is this remarkable circumstance connected with them, that while one may be carried on in the closet, and with but little intimacy with the characters, or, as it were, the physiognomy of fever, the other requires that the investigator should be early and late at the bedside of the sick, by which a more intimate knowledge of the disease must be acquired.

The same observations will apply to other cases: to



the study of the diseases of the nervous system, to alterations of secretion, to that of the heterologous deposits, and so on.

Now I may repeat, without the slightest disparagement of the first class of investigations, that it is not to them that our efforts have been mainly directed; and though we have produced some memoirs of great value with reference to these points, yet that the reputation of the Dublin School depends on its Clinical Medicine, Surgery, and Midwifery, which from their very nature give that intimacy with disease which so eminently creates the man of practical utility, at least in the present state of the science.

The study of fever has occupied the attention of the Irish School since 1817; and we may point to the reports of Dr. Cheyne, of the Hardwicke Hospital, which you will find in the early volumes of the Dublin Hospital Reports, as examples of the most accurate observation. I think that these papers are models of what clinical reports ought to be. Calm and simple statements of facts given to the reader, without the slightest attempt to bias opinion and build up theory,—they appear to have given the tone to all the subsequent labours of the Irish School. Since then many other observers have appeared, all of whom have followed the same method of investigation; and it has happened on many occasions, that foreigners have come to Dublin for the express purpose of studying the fever of this country.

In the Lecture which I delivered here last Session, I claimed the credit for British and Irish medicine of

having steadily resisted the anatomical doctrine of fever, as it is termed. Gentlemen, there are epidemics of opinion as well as of disease, and the doctrine that there was no such thing as essential fever, as maintained by the older authors, spread with great rapidity over the Continent, and particularly in France. Germany was less affected by it, and Italy, I think, least of all. The doctrine was the natural result of the extensive application of anatomy for the elucidation of disease, and was strongly supported by some of the best observers, in consequence of a circumstance which is not yet explained, I allude to the occurrence, in the continental disease, of a particular lesion, so constantly, that it seemed justifiable to declare that it was the cause of fever, and that to cure fever we had only to remove that local disease. With great ingenuity and plausibility did the followers of the anatomical doctrine attempt to explain the various phenomena of fever, by referring to the sympathies of the digestive system; and there was no symptom, no phenomenon, which they did not thus account for. But, to the credit of the British Schools, the old opinion, though, perhaps, here and there slightly shaken, was never given up; it was adhered to also less from the evidences of anatomy than from the observation of symptoms, the phenomena of contagion, and the result of treatment; and we have now the great satisfaction of seeing the medical mind of Europe returning to the doctrine which has been held by the British and Irish Schools with such steadiness and constancy.

We may state the general differences of opinion

between the Continental and British Schools, as follows:

The Continental pathologists declared,

1st. That fever was not an essential disease.

2ndly. That fever was symptomatic of one local disease.

3rdly. That anatomy could establish its nature and seat.

4thly. That local inflammation was the cause of fever.

The British and Irish schools held,

1st. That fever was essential.

2ndly. That it was not symptomatic of local disease.

3rdly. That anatomy could only tell what it was not.

4thly. That inflammation was not the foundation of fever.

5thly. That the local disease, though of great importance, was the effect, and not the cause, of the malady.

That these latter principles are true is every day more and more admitted, but it would be wrong to declare that all the difficulties which led to these differences of opinion are removed. We cannot yet say with certainty that the maculated typhus of Ireland and the French typhoid fever are but different manifestations of the same disease. We cannot say why ulceration of the intestine is the rule in France, and not the rule in Ireland. Nor can we yet declare whether a diagnosis can be founded upon the character of the cutaneous eruption.



But I can only allude to these points here. They have their interest, however, as bearing on the value and reputation of the Irish School of Medicine. In Dublin, what with the occurrence of greater and minor epidemics, and the almost constant existence of fever in and about the metropolis, the medical student has long possessed the opportunity of studying that fell disease, which, no matter where he may be placed in after life, must occupy a large portion of his time and anxious care. In the public medical service,—in the army and the navy,—in the colonies,—he will meet with fever, to say nothing of its prevalence through the length and breadth of Ireland, and in the commercial cities of Great Britain. And if he learned nothing but to accustom himself to stand in its presence, to overcome by habit that physical fear which more or less acts on all men when first in the presence of an enemy, he would do much towards augmenting his future usefulness.

But the clinical study of fever has, in some respects, peculiar advantages. If you have any doubts of the value of the Science you are to profess, come to the wards of a fever hospital, and you will see there the greatest triumphs of art; you will see the old maxims of Hippocratic medicine, expanded and improved, though not altered, by modern discovery, successfully applied to the direct, almost immediate saving of life; you will see cases where every function of the body is widely and wildly astray, where every organ is oppressed, where the blood is dissolved and nearly lifeless, and the whole frame hastening to putridity and



dissolution,—saved by the vigorous and judicious use of means as simple as they are powerful. I repeat it,—it is in the treatment of fever that the light of medicine shines with the brightest and broadest lustre. Its study will give you confidence, and confidence thus obtained will insure success.

But you will learn more. You will be taught to respect the laws of disease, and to estimate the powers of nature. You will learn when to interfere, and when to stand by and do nothing,—a particular example of moral courage, which you will do well to accustom yourselves to,—for, if there be one quality more dangerous than another in the character of a medical man, it is that which, springing from want of confidence in his own knowledge and powers, leads him continually to interfere with nature, or the effects of his remedies. This is medical cowardice.

There are other advantages, too, connected with the study of fever, most important to all medical students, and particularly to the student of surgery. The latter has had his mind too much occupied with one idea of disease. In the elementary books which he studies, in the lectures he attends, and in the wards he frequents, he reads of, hears of, sees almost nothing but inflammation and its consequences ; and when he comes, in after life, to deal with disease in general, he often finds it impossible to change his ideas of pathology. Some men of well-trained observing and reasoning powers, after a season of experience, too often dearly bought, change imperceptibly their opinions, and adopt better views. Others never do so, never

can do so, for there is nothing more difficult than to unlearn.

In a fever hospital, however, the student learns that there are other diseases besides inflammation,—that the most terrible affections are often those that leave no perceptible anatomical change behind them. He learns these two great truths,—truths so important, that, until they have been engraved on his mind, he is no safe practitioner,—that similar symptoms may arise from diametrically opposite states of organs; and that what would be diagnostic of inflammation in cases where there was no typhus, ceases to be so in the typhus patient. He learns the value and application of stimulants, and if he did nothing more than accustom himself to the exhibition of wine in fever, he would be repaid for years of labour. This I say deliberately.

I am, therefore, justified in stating that the existence of several fever hospitals in Dublin, open to clinical students, is an important feature in the School of Medicine; and when we reflect on the great number of young men who have been trained in our hospitals so as to be qualified by actual experience to contend with fever, we have reason to believe that a vast amount of good has been effected by this alone, to say nothing of their application to other branches of clinical study.

And this leads us to other considerations in connexion with the subject of fever. This disease is contagious, that is, it is communicable from man to man. How it arises—how it spreads—what makes an epidemic,—are separate and still unsettled questions; but that, when a man in fever is brought into contact

with another not in fever, the latter is liable to contract the disease, is an undeniable fact.

We need go no further than to refer to the annals of the medical mortality in Ireland to prove this. Every city, every village, almost every dispensary in the country, has to deplore, not the loss of one, but of a succession of our devoted brethren, who have fallen in the prime of their lives, and in the fulfilment of their duties, victims to this plague ; whose lives were unhonoured, whose labours were unrewarded, but whose deaths, with God's blessing, shall not be forgotten. They have gone to reap a greater reward than their country would give them ; but let us hope that that country will atone for its fault, in the adoption, for the future, of a more just and enlightened system.

To this subject Mr. Cusack and I drew the attention of the Législature in 1843, and we stated in evidence before the House of Commons that the mortality of medical practitioners in Ireland was so great as to demand the earnest consideration of the Government. I may refer you to our printed evidence in the Reports of the House of Commons ; and I shall quote from the published statement of our researches in the Dublin Quarterly Journal of Medicine, for August, 1847 :

“ From the returns to our inquiries, when statistically arranged, we learn that, during the twenty-five years prior to the date of the returns in 1843, 1220 practitioners were in charge of 406 medical institutions, a number very much less than in reality exists, or had existed during that period ; but the error, if error there be in these as well as the other numbers



in these returns, is to be placed to the credit side of the account, for the errors have been those of *omission*, not of commission. It must also be remembered, that the entire 406 medical institutions from which returns were received have not existed for anything like twenty-five years ; but this error is likewise to be placed to the same side of the account. Of the 1220 medical men who have occupied these situations during the period specified, 300 have died prior to 1843,—nearly *one-fourth* of the whole, an immense mortality, when we take into account the ages at which the deaths occurred, and consider the various other circumstances attending this calculation.

“ Now, when we reflect that the nearest and most accurate approach to a general average mortality in Ireland is but one in fifty-two at all ages ; and when we consider that the mortality among medical men above specified must have been chiefly spread over a period from twenty-five to fifty years of age,—the usual age of medical men holding dispensaries,—it makes the mortality among this class enormous. These deaths, moreover, it must be remembered, do not include those of the apothecaries, assistants, pupils, deputies, or other constituents of the medical staff attached to these institutions ; nor do these numbers include the physicians, surgeons, pupils, and apothecaries unattached to public medical institutions, hundreds of whom must have died within the period specified. Of the entire deaths, 132 died of typhus fever, or nearly in the proportion of three to seven from all causes. It is proper here to remark, that the 168 deaths from other



causes, not typhus fever, include many from other contagious diseases, cholera, scarlatina, &c., also acquired in discharging the public duties attached to the institutions which these medical officers served. 568 out of the 1220 suffered from typhus fever, or forty-six per cent. of the whole ; of these 568, twenty-eight had fever twice, or 1 in every 20 ; and, nine three times, or 1 in every 63, to speak in round numbers.

“ The cities of Dublin, Belfast, Cork, Kilkenny, Galway, Limerick, &c. (nor, in fact, any of the large towns, such as Sligo, &c.), have not been included in these returns, which have been received from dispensary and fever hospital attendants almost entirely located in the rural districts. On this account, the returns, with few exceptions, have no reference to the mortality among the infirmary surgeons and the medical attendants in the cities and larger towns, which we know to be considerable.

“ We learn from the Census of 1841, that the proportion of deaths from fever to the mortality from all causes was 1 in every 10.59, and 1 in 3.4 of the deaths of the total class of epidemic diseases ; whereas the deaths from fever among the Medical Profession, as far, at least, as these returns enable us to judge (and it must be remembered that they necessarily omit a great number of deaths), shew a mortality of not less than 1 in 2.29.”

I will not take up your time in shewing to you, what every practical man knows, that the physician in fever has a worse chance of recovering than almost any other man ; nor need I repeat here the statement of the

peculiarly dangerous position of the Irish dispensary medical officer,—which, from various circumstances, I believe to be hazardous in the highest degree ; but I wish you to understand your position as men about to enter on an honourable but dangerous profession.

The present time is one full of important considerations for the Medical Profession. For some years past questions of medical reform have been entertained by the Government, and no one can doubt but that reforms or changes of a very comprehensive nature would long ago have been adopted but from difficulties in Legislation, arising from the conflicting interests of our too numerous medical corporations. Every day increases the demand for measures calculated to promote and preserve the public health ; and the Government has declared its willingness to further and establish those reforms, which will give to all classes, and more especially to the poor, the advantages of cleanliness, pure air, pure water, light, and unadulterated and wholesome food. A great mass of questions, essentially medical, are thus before the country and the Government, and, therefore, the connexion between the Profession and the State is every day more and more recognised ; and the day cannot be far off when the value of the Profession will be better understood, and its honour and independence rendered more secure.

If we now look to the condition of the Irish Profession we see it engaged in an effort, which must be successful, to vindicate its importance and uphold its dignity. By the amount of remuneration for public service will the Public measure the value of that ser-

vice, and if the charges of selfishness or indolence, and of being possessed by a grasping or mercenary spirit, could be laid at the door of the Irish Profession, then indeed we might be told that the present effort to establish their rights proceeded from unworthy motives. But who that knows anything of the brave, the learned, the bountiful, the laborious class in question, could admit so insulting and false a charge. I know the country practitioners of Ireland as well, or perhaps better, than most men,—I have assisted in the education of many of them,—I have had constant communication with them,—I have known their circumstances and their ways,—their goings out and comings in,—and I will challenge the world to point out a body of men with more generous hearts or more open hands. Surrounded by want, woe, and wretchedness, they have long laboured in the work of charity, expending to the last sixpence their narrow means, denying themselves every comfort, and too often leaving their families to deplore their untimely loss, without the consolation of even the narrowest independence. This is their history, Gentlemen, not told by themselves.

The Irish Medical Profession, after bearing in silence for a season the indignity lately put upon them, have, while they never intermitted in their duty, remonstrated against it. How that remonstrance was met and answered is on record, and the evil remains undressed. It is declared that in a country in so many places deserted by its aristocracy,—and with an uninformed, half-civilized state of society, where the minister of religion and the solitary physician are too often



the only resident instructors, guides, and examples to the people,—where there is not a year that contagious disease does not arise, and where the risk of life to the physician is so great as to be without parallel in any country,—the life of that apostle of civilization, of that true philanthropist, of him who brings hope if he cannot bring health to the pestilence-stricken and the broken-hearted,—is worth five shillings a day.

It is declared that the value of the poor man's life is very small,—if 120 patients, in the contagious typhus, are to be visited in the day, the payment for each is exactly one halfpenny. But take the case of the dispensary physician who has to travel over an extended district. Wet and weary, cold, and depressed in body and in mind, he has to plunge into one focus of contagion after another; and when he returns to his family I tell you he cannot so much as afford one glass of wine to refresh his exhausted frame, and enable him the better to re-commence his labours on the morrow. To be called on to exert all his powers, bodily and mental, to relieve the wide-spread suffering,—to face the elements, and an enemy worse than the elements,—demands at least that he should not feel himself an insulted and degraded man. Degraded, by being compelled by a simple but powerful machinery to accept a pay which places him in the public eye on a level with the servant or the artisan. Is it likely, I ask you, is it possible, that that man can do his duty to his own satisfaction, a duty which, of all others, requires that no disturbing feeling, no irritation of mind, should act on him who is called upon to discharge it?



In this movement of resistance, not by omission of duty, but by earnest argument and remonstrance, I, in common with many of my friends in Dublin, have taken a part ; and if I had not done so, I would have felt shame to meet you here to-day. We, acting with the great mass of the Profession in Ireland, stand up for the cause and honour of the physician, and the welfare of all classes of the community. Our principle is, that professional honour is public safety. This is our motto, let it be your's also ; teach it to your children,—write it on the door-posts of your houses and your gates.

The amount and character of public, as well as of private errors, may be estimated by their probable results. To our limited apprehension the consequences of some appear finite, while the evil effects of others seem to have no end, no cessation. Among the latter we may fairly place every attempt to lower our Profession, for the amount of evil which this must produce, not alone to that Profession, but to mankind,—of social misery at the time, and of physical injury, transmissible from generation to generation,—appears incalculable.

But, while we condemn, let us discriminate : in this matter the Government stands better than its advisers ; for, in the late crisis of Ireland's suffering, all the public servants employed, except the medical, were most liberally remunerated, and I entirely concur in the opinion, and so must every dispassionate man, that had the real bearings of this case been placed before the Government by its appointed advisers, the acts com-

plained of would not have occurred,—the injuries or insults would not have been inflicted.

It has been repeatedly urged by writers in defence of the measures we object to, that this payment of five shillings a day for attendance on Fever Hospitals was taken by many of those who now condemn it. This is true. I myself accepted this pay during the epidemic of 1826, when I had the charge of fever patients in the temporary hospital attached to this institution, and I never doubted that this would be urged against me when I signed the remonstrance. If it is an argument, they are most welcome to it, particularly as they so much lack other arguments. I never concealed the fact. I never wished to conceal it. But if I, in the commencement of my medical life, submitted to a wrong, is that a reason why now I should not join my Profession in denouncing that wrong, and seeking to prevent its repetition?

Some may have been deterred from joining us by the fear of this acceptance being brought up against them. I take but small credit to myself for having made very light of this fear.

In the epidemic of 1826 and 1827, temporary hospitals were erected in the grounds of this institution, capable of accommodating 200 patients. The upper wards of the house were occupied by convalescents, so that about 240 patients were accommodated, and four physicians were appointed to be in charge of them. I do not mention this as justifying either the remuneration or our acceptance of it, but as bearing on a point on which I entertain a very strong opinion.

Under the present system, medical men have been placed in charge of 100, or even more, fever patients in hospital. I believe that this number is too great, and that, in order to do full justice to patients in the typhus fever of Ireland, no physician should be called on to prescribe for more than fifty patients a day. Routine practice is, or ought to be, now unknown; every case has its own peculiarities, and requires daily examination and careful thought; and I can assure you, that there are few men physically or mentally capable of continuing their labours in a fever hospital for the day, with full advantage to the sick, after they have attended to the number of patients I have specified.

I regret having to speak of subjects referring to myself. Had I no other motive than to bring before you the name of my most illustrious pupil and beloved friend, Dr. Curran, I need not apologize to you. His career, and the acts of his public life, are before the world, and honour and humanity have stamped them as their own. Long may his name be cherished, long may his example act on those he has left behind him! But the circumstances attending his appointment, and his resignation of that appointment, have been commented on and described in a manner not complimentary to him, in an article published in the *Dublin Evening Post*, after his death. I will read two paragraphs from this article, as they refer to me, for it is necessary, were it only for the sake of the cause we advocate, that all mistake on these points should be cleared away:

“ In the article on which we are commenting there



is the usual episode on Dr. Curran's spirited refusal of 'the degrading remuneration of five shillings a day, offered by the Board of Health.' But the Editor of the *Lancet* will, we think, be as much surprised as his readers to learn, that Dr. Curran was recommended by name to a member of the Board of Health, as a person eminently qualified (as he undoubtedly was) to discharge the duty of a physician to temporary Fever Hospitals, then being opened; *and, in consequence of that recommendation*, he was appointed on the following day by the Lord Lieutenant; and we have reason to know that it was at the expiration of a week from the receipt of his appointment, and under the advice and guidance of the *same* party by whom he had been, in the first instance, recommended, that he afterwards resigned it. Nor can it be pretended, that the recommendation of Dr. Curran was made in ignorance of the remuneration allowed; for, 'the degrading remuneration' objected to in Dr. Curran's instance, had been actually received by the party referred to, in former epidemics, for similar duties, and was perfectly well known to the Medical Profession throughout Ireland, from the formation of the Central Board of Health, in March, 1846, for it was invariably inserted in all letters of appointment.

"The concluding sentence of the tissue of misrepresentations in the above article is, of course, an attack on the Board of Health; 'and, lastly, his melancholy death—are all so many lamentable commentaries on the conduct of the Board of Health.' His melancholy death is a lamentable commentary, not on the conduct of the Board of Health, but on the conduct of those



who made him (for their own selfish ends) first their dupe, and then their victim."

During an attendance in which I had the pleasure of meeting Sir Philip Crampton, he mentioned to me, that two medical appointments were about to be made by the Government, and that he wished I should give him the name of the best qualified man within my knowledge. He requested of me to think on the matter until the following day, as he was anxious that the appointment should be one creditable to the Government. I thanked him for the confidence he placed in my opinion, but stated that there was no necessity to wait until the next day, as I was sure that I would return the same name I was then ready to give him. I named Dr. John Oliver Curran, as the most highly informed man our schools had produced for many years, and stated that he was a Bachelor of Medicine of the University of Dublin, and a Licentiate of the College of Physicians.

There was no conversation about the remuneration. I never asked and did not know it at the time. I was ignorant of what the remuneration was to be, or what it had been under the existing system. It might be five or ten guineas a day, for anything I knew to the contrary. Dr. Curran was appointed by the Lord Lieutenant, of course by Sir Philip Crampton's recommendation. On his receiving his appointment he at once consulted some of his friends, who advised him to call on me. He did so on that evening, and drew my attention to the specified remuneration. I told him that, as I had recommended him, I would rather he

took the advice of others than myself. He determined to do so. The rest of the transaction is on record; and when it was ascertained that a public meeting, to which he had resolved to submit the question, was not to take place, Dr. Curran reiterated his determination to resign, and I, in common with many of his friends, joined him in the opinion that he was taking the proper course, and advised him to do so.

Before the remonstrance was transmitted to the Government, Sir Philip Crampton again did me the honour to ask my opinion as to the selection for another appointment, but I then declined to interfere, stating as my reason that I considered the remuneration insufficient.

These, I pledge myself to you and the Profession, are the facts of this case. I never solicited place for Dr. Curran; and I think you know me well enough not to believe the implied accusation that I put him forward with the intention of making him resign. I owe it to the memory of Dr. Curran, I owe it to the fair fame of the cause of our brethren, and I owe it to my own character, to make this statement.

I have shewn that Dr. Curran was not duped. As to the second charge, that for selfish ends he was victimized,—yes, VICTIMIZED,—it is better we should forget that it was ever made.

It is stated in the same article, that Dr. Curran contracted fever from attending on the sick poor in their dwellings. That he did attend the sick poor we know, but that he contracted the disease in this occupation I am in a position to contradict; he took ill

during his attendance on his friend Dr. Guéneau De Mussy; I and Mr. O'Ferrall were with him on the night he sickened, and I can state that at the commencement of the attendance he was in excellent health. I would not trouble you with this statement had not the argument been employed in the article I have quoted, that had he accepted the appointment his life would have been preserved. Is the *crown* a day not only an honorarium, but also a prophylactic?

Let me now, before concluding, say a few words of advice on the course you should adopt. You should first consider deeply the duties you are preparing yourselves to discharge, the responsibilities you are about to undertake; you should discipline yourselves so as to throw away all sloth, all dissipation, all indifference; you should labour earnestly to acquire knowledge, above all, practical knowledge; you should prepare yourselves in the acquirements of gentlemen, so as to command respect wherever you go; and when engaged in the actual practice of your profession, you must never forget that every day will give you opportunities, not only of increasing your own knowledge, but of adding to that of others. There is not one of us to whom discovery, flowing from accurate original observation, is not easy. Its paths are ever open to us, leading to important results, if we would only walk them.

In your public capacity preserve your own honour, and be the guardians and the protectors of that of your brethren. Assist power when it is in the right, resist it when it is in the wrong; but see that your resistance, while firm, never leads you into intemperate



acts or expressions, nor ever causes you to omit or neglect a single duty to society. While you oppose measures, be charitable to men ; and this, above all things, will make your opposition respectable and effective.

That great difficulties exist in advancing the cause of the Profession is plain. We hear it repeated every day that the Profession is not true to itself,—that if one man takes a high ground, and stands out for the honour of his order, another will be found to do what he had refused to perform ; and so must it ever be as long as there is disunion among us. We are divided, and, therefore, it is rare that union, such as we have seen on the Irish question, is witnessed.

That such a state of things must continue is clear to me,—so long as the attempt is made to combine and make harmonious two essentially opposite principles. I speak of the corporate and professional principles. A corporation implies a chartered combination of men, with local privileges and special interests. A Profession stands on a broader and higher ground. But how if we call the mass of medical corporations, in themselves essentially antagonistic, a Profession? Surely if we take the members of the different corporations in Great Britain and Ireland, and suppose them to form a Profession, we shall be in error. We have no Profession properly so called, no body where all who are occupied in the healing art can join in the common band of professional equality. Believe me, if such existed, the Irish dispensary physician and surgeon, and the poor-law surgeon of England, would never be subjected to the evils they complain of.

There is a subject which I foresee will occupy a larger portion of public attention than it has yet done. I allude to the application of the poor-law principle to the medical treatment of the sick poor. We know of its actual working in England, and we see the shadow of the coming event in Ireland. That there are great difficulties attending this question must be admitted, but these may yet be overcome.

I do not believe that in any country, and particularly in Ireland, medical relief should be associated with poor-law relief. It is true that the poor man cannot afford to pay for good medical assistance, but we should not, on that account, declare him a pauper, and degrade him because he happens to be stricken with sickness. Medical relief should operate in preventing the necessity of poor-law relief. It should be administered by a separate organization, and dealt out on a different principle.

It is just and necessary to apply the poor-law system of relief to the pauper while he is in health, for stern justice requires that it shall afford no bonus for idleness or misconduct; but you cannot safely apply it to the sick man. We have no right to only afford him the lowest possible scale and amount of relief. Who is to be the judge of this relief? The physician? Is it likely that he will be left free to act? Has he been left free to act? And does not this economical medicine touch the confines of fearfully dangerous ground? If this is true even within the walls of the poor-house, how shall we view it when we consider the treatment of the sick over the length and breadth of the land?

Gentlemen, I need offer no apology for having occupied your time with discussing the subjects of this lecture, for it is most right that, when you are about to enter the Profession, you should know something of its actual state and prospects. The School of Dublin has, for many years, sent forth a vast number of highly educated men to serve, at home and abroad, in every department of the public medical service, and we, who have assisted in fostering that School, naturally look with alarm on every measure which is calculated to injure the condition of our pupils, who have deserved so well of the country and mankind. To the Press in general, and, above all, to the Medical Press of England, our thanks on this occasion are especially due. Without an exception, every Medical Journal in England has come forward on our side, and warmly and powerfully advocated the cause and honour of the Irish physicians and surgeons. They have given practical proofs of a union between the countries; and, so far as the Profession is concerned, have done, in these days of animosity, party-feeling, and national prejudice, all that lay in their power to preserve and improve that union.

Finally, let me implore of you to labour for Ireland, its character, its honour. A nation can only be raised by this,—that every man should lay it to heart, that to him, in his vocation and his conduct, the honour of his country, like a precious jewel, is intrusted. Virtue is never epidemic, liberty cannot dwell with ignorance; honour will not come at our call, nor wealth spring up where toil has not fertilized the ground. Keep



away from you the watch-words of faction, the cuckoo-notes of party. Be true Irishmen, and think how different would be the state of this our country, if every class and every interest had, for the last quarter of a century, laboured as the founders and supporters of our national School of Medicine have done,—had struggled with difficulties as they have done,—had the same self-reliance as they have exhibited,—and produced, each in its own department, a like amount of labour done, and of good effected.

“Not enjoyment, and not sorrow,  
Is our destined end or way;  
But to act, that each to-morrow  
Finds us farther than to-day.

. . . . .

“Lives of great men all remind us  
We can make our lives sublime,  
And, departing, leave behind us  
Footprints on the sands of time:

“Footprints, that perhaps another,  
Sailing o’er life’s solemn main,  
A forlorn and shipwrecked brother,  
Seeing, shall take heart again.

“Let us then be up and doing,  
With a heart for any fate;  
Still achieving, still pursuing,  
Learn to labour and to wait.”

THE END.

